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UTILITY
PATENT APPLICATION
TRANSMITTAL

Ī	Attorney Docket No.		No.	04255.00002	N=
ľ	First Inventor Bria			K. Dieckgraefe	203
	Title	GENE N	MARKE	RS FOR CHRONIC MUCOSAL INJURY	300
Г	Expres	ss Mail Lat	el No		2

PATENT APPLIC	ATION	First Inventor	463						
TRANSMITT	AL	Title GENE I	GENE MARKERS FOR CHRONIC MUCOSAL INJURY						
(Only for new nonprovisional applications u	nder 37 C.F.R. 1.53(b))	Express Mail Label No.							
APPLICATION See MPEP chapter 600 concerning utility pat		ASSISTANT Commissioner for Pateries Box Patent Application Washington, DC 20231							
See MPEP chapter 600 concerning tality part 2	TO/SB/17) to processing) initials. [Total Pages 30] plications ored R & D table, pendix [If the D [Total Sheets 1 [Total Pages 2 copy) n (37 CFR 1.63 (d)) with Box 18 completed, OR(S) see 37 CFR	Cc 8. Nucleo (1 apple of a. Cc C b. Spece C C c c C C C C C C	Washington D-ROM or CD-R in dupli- imputer Program (Appe- tide and/or Anino Acid : icable, all necessary) computer Readable Forn iffication Sequence Listin tatements verifying iden ACCOMPANYING APP Assignment Papers (co. Var C.F.R. §3. 73(b) State when there is an assign English Translation Dos formation Disclosure Statement (IbS)PTO-14 Preliminary Amendment Neturn Receipt Posterially in Certified Copy of Priority if foreign priority is claid Vequest and Certification Vex (Vg (Vg) (A), Applicant m Its equivalent.	cate, large table or drifting and control of the co	3 nt(s)) of IDS s				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CPR 1.76: Continuation									
		ONDENCE ADD	RESS						
☐ Customer Number or Bar Code Label	(Insert Customer No. or			orrespondence addres:	s below				
Name									
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City	State		Zip Code						
Country	Telephone		Fax						
Name (Print/Type) Sarah A. Ka	igan (Registration I	No. (Attorney/Agent)	32,141					
Signature	10 ()/10	_	Date	December 15, 200	00				

Signature

Date

December 15, 2000

Burden Hour Statement: This Toffm is estimated to state 0.2 hourst (acquide_lime_will vary depending upon the needs of the inclindual case. Any comments on the amount of time you are required to complete this form you'dle seem to the Chief Information Officer, U.S. Paterno, Officer, U.S. Paterno, Exp. Paterno, Exp.

FEE TRANSMITTAL for FY 2001								Complete if Known							
							Applie	Application Number T/B/A							
							Filing	Filing Date			November 15, 2000				
							First I	Named In	K. Dieckgraefe	0					
Patent fees are subject to annual revision.								Examiner Name			L. Arthur				
								p / Art Un	90	- 5					
TOTAL AMOUNT OF PAYMENT (\$) 710								Attorney Docket No. 04255.00002							
		MEY	HOD OF	PAYMENT	(check one)		Т			FEE C	ALCULATION (continued)				
1. 🖾		The	Commis cated fee	sioner is hi s and cred	ereby authorize it any over pay	ed to charge ments to:		DITIONAL Large Entity		Small Entity					
	oosit	10	0733				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid			
	nber	100	0133			1	105	130	205	65	Surcharge - late filing fee or oath				
	oosit	\vdash		~~~			127	50	227	25	Surcharge - late provisional filing fee or cover sheet.				
	ount	Bar	ner & Wi	tcoff, Ltd.		i	139	130	139	130	Non-English specification				
Name Charge Any Additional Fee Required							147	2,520	147	2,520	For filing a request for reexamination				
Under 37 CFR 1.16 and 1.17							112	920*	112	920*	Requesting publication of SIR prior to Examiner action	1			
Applicant claims small entity status. See 37 CFR 1.27							113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action				
2. 🗆	Paym	ent Encl	losed:		,		115	110	215	55	Extension for reply within first month				
☐ Check ☐ Credit card ☐ Money ☐ Other						116	390	216	195	Extension for reply within second month					
			FEE C	ALCULAT	TION		117	890	217	445	Extension for reply within third month				
	BASIC F						118	1,390	218	695	Extension for reply within fourth month				
Large		Small	Entity				128	1,890	228	945	Extension for reply within fifth month				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Desc	cription	Fee Paid	119	310	219	155	Notice of Appeal				
101	710	201	355	Utility filin	in fee	710	120	310	220	155	Filing a brief in support of an appeal				
106	320	206	160	Design fil		110	121	270	221	135	Request for oral hearing				
107	490	207	245	Plant filing			138	1,510	138	1,510	Petition to institute a public use proceeding				
108	710	208	355	Reissue f	iling fee		140	110	240	55	Petition to revive ~ unavoidable				
114	150	214	75	Provision	al filling fee		141	1.240	241	620	Petition to revive – unintentional				
CURTOTAL AN							142	1,240	242	620	Utility issue fee (or reissue)				
SUBTOTAL (1) (\$) 710							143	440	243	220	Design issue fee				
2. EXT	2. EXTRA CLAIM FEES						144	600	244	300	Plant issue fee				
				Extra	Fee from	Fee	122	130	122	130	Petitions to the Commissioner				
-				Claims	below	Paid	1				Petitions related to provisional				

applications ndepçadent Claims -3** 0 Submission of Information Disclosure х 0 126 180 126 180 Stmt Multiple Recording each patent assignment x n 581 40 581 40 per property (times number of properties) Large Entity Small Entity 710 146 246 355 Filing a submission after final rejection (37 CFR § 1.129(a)) Fee Code Fee (\$) Fee Code Fee Fee Description (\$) 149 710 249 355 For each additional invention to be 103 203 18 9 Claims in excess of 20 examined (37 CFR § 1.129(b)) 102 80 202 40 Independent claims in excess of 3 179 710 279 355 Request for Continued Examination (RCE) 104 270 204 135 Multiple dependent claim, if not paid ** Reissue independent claims over 169 Request for expedited examination of a design application 900 169 900 109 80 209 40 original patent ** Reissue claims in excess of 20 and 110 18 210 a over original patent

SUBTOTAL (2)

**or number previously paid, if greater, For Reissues, see above

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SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	Sarah A. Kagan	Registration No. Attorney/Agent)	32,141	Telephone	(202) 508-9151				
Signature	Sarah (2 Kase	71111	Date	December 15, 2000				

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

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